

#### IMPORTANT: IF YOU ARE ONLY SEEKING TO APPLY FOR ELECTRICAL WORK USE THE "APPLICATION FORM FOR ELECTRICAL WORK ONLY"

This application form is for companies wishing to receive certification of competence and approval under one or more of the following schemes: NAPIT Membership (in all cases), Competent Person Scheme (CPS), Electrotechnical Assessment Specification Certification (EAS), Electrical Third Party Certification (TPC), Microgeneration Certification Scheme (MCS), Energy Efficiency Scheme (EEM), and TrustMark (TM). This main form should be accompanied by supplementary forms where indicated. There is a separate form for Associate Membership, Corporate Membership, Electrical Duty Holder Membership and Student Membership. This form should not be used for extensions to scope or amendments to details (please use the appropriate form for each of these).

Please note: Your assessment cannot be arranged until the requested documents and application form have been received and processed.

Please fill out this application form in CAPITAL LETTERS using black ink and return with all required supporting documents then email to applications@napit.org.uk or post to NAPIT Administration Centre, 4th Floor Mill 3, Pleasley Vale Business Park, Mansfield, Nottinghamshire NG19 8RL

If you have any problems filling in this form please contact our Registrations Advisors who will be happy to assist, on 0345 543 0330

1. Comp	oany [	Detai	ls											
Sole Trader Partne		ership	L	imited Company		Com	mpany Registration No							
Other														
Company registered name									Company trading name					
Building number or name									Street					
District									Town					
County									Postcode	e				
Business telephone number				Fax Num	nber									
Enquiry email address					Website	address								
	Please tick here if you operate from multiple offices or have over 10 operatives/subcontractors carrying out work applied for (we will then contact you for further details and standard pricing may not apply)													

Details given above must be those which you wish to be made public on the relevant registers as detailed in section 8.

2. Nominated Representative Details (Primary contact) (if you need to have separate contacts for different purposes please let us know on a separate sheet)									
Title (Mr/Mrs/Miss/Ms/Other)			Position						
Surname			Forename(s	5)					
Telephone number (if different)			Mobile pho	ne nu	mber				
		·	·						

Email address

3. Nominated Technical Person (To be completed by Microgeneration applicants only)

The Nominated Representative above can also be the Nominated Technical Person providing they are technically competent. Tick box if this applies, other wise provide additional details below.								
Surname		Forename(s)						
Telephone	number (if different)	Mobile phone number						
Email addr	ess							

### 4. Scope of Application

Please indicate below the nature of work that you undertake, or membership sought. Then complete and attach the supplementary form(s) indicated in the table below, where you will be asked to indicate the schemes under which you wish to carry out this work

Area of Work / Membership Category		Supplementary Form(s)*	Schemes Available (more information on supplementary forms) Abbreviations are as per the statement at the top of this form.
Electrical work (excluding Jersey)		FORM E	CPS, EAS, TPC, GDI, EEM, TM
Microgeneration work		FORM M	MCS, EEM, CPS, GDI, TM
Heating work		FORM H	CPS, EEM, GDI, TM
Ventilation & air conditioning work		FORM V	CPS, EEM, GDI, TM
Plumbing work		FORM P	CPS, EEM, GDI, TM
Building fabric work		FORM B	CPS, EEM, GDI, TM

5. Insurance									
Public Liability Insura	ince								
Insura	nce company				Poli	cy number			
	Cover (£)				Policy e	expiry date			
Professional Indemn	ity Insurance (	Where relevant)					1		
Insura	nce company				Poli	cy number			
	Cover (£)				Policy e	expiry date			
If you do not have ins	urance in plac	e or would like to	speak with our spe	ecialist NAPI	lnsurance Te	eam please	tick here to	o request a qu	ote
6. Previous/other of	ertification o	or legacy issues							
			please provide you	ur membersl	nip number:				
If you are transfe	erring from and	other certification	/registration body	please state	their name:				
, In relation to the se	-					following	uestions:	YES	NO
	•		ber of another cert	•				. 10	
			you ever had certif	-		·			
			r made an unsucce						
	D	· · ·	pen non-conformiti						
ls			action against the			-			
If the answer to any o			-		-				
7. Geographical Co	verage (plea	se indicate the r	egions where you	u are active	)				
England		Wales	Scotlan	d	N.Irelan	d	Other (e	.g. IoM, Jersey	etc)
Your company name, will be listed on www NAPIT Scheme Rules	.napit.org.uk								
9. Declaration by a	n Authorised	d Representative	e of the Company	y (this MUST I	pe a Director, P	artner or Ov	vner of the (	Company)	
I confirm that the info on this form or any su Any changes will be n	pplementary	form for the purp							
By signing this agreer required by the NAPI			rry out credit check	ks on you and	d your busine	ss through	out the teri	m of your mer	nbership, as
I have read, understo documents referred t									
Nam	e			Position					
Signatur	e			Date					
10. Promotional Co	ode								
A promotional code r circumstances e.g. ex								able	
11. Payment									Tick
Payment already arra	nged via NAPI	r Registration Tea	m						
Request a call back by	-			(Card, BACS	, Direct Debit	:)			
Important Notes:									
<ol> <li>The supplementary fo Where that is not pos</li> </ol>							an be assess	sed on the arran	iged visit.
2. The initial payment or	-				-	er fees will aj	oply for othe	r activities (for e	example
experienced worker ro	ute assessment,	reassessment, rene	wal, work notificatior	n, cancelled as	sessments).				

- 3. If the operative information provided indicates the need for an Experienced Worker Route (EWR) assessment, NAPIT will contact you to discuss the process and fees involved. This is available for heating, ventilation/air conditioning and plumbing operatives.
- 4. MCS applicants should note that they must join a CTSI Approved Consumer Code Scheme which is not done via NAPIT and incurs additional charges from the Approved Consumer Code Scheme.
- \*5. For NAPIT scheme rules and Terms and Conditions please visit www.napit.org.uk



Plumbing work can be assessed and certificated to meet the requirements of the following Government\* schemes. Please indicate below which schemes you wish to join then complete the scope of assessment table to give more detail about the nature of your work.

# **Company Name:**

Availa	ble Schemes	Tick
CPS	<b>Competent Person Schemes (CPS)</b> allowing self-certification against the Building Regulations in England and Wales.	
EEM	<b>Energy Efficiency Measures (EEM)</b> via PAS2030 certification for installing energy efficiency measures including funding initiatives such as Energy Company Obligation (ECO). To carry out work under ECO, you will also need to be TrustMark registered.	
GDI	Green Deal Installer (GDI) in addition to EEM certification an assessment against the Green Deal Code of Practice allows listing as a green deal participant for carrying out installation work funded with Green Deal finance.	
тм	<b>TrustMark</b> is a scheme to help consumers identify a reputable tradesperson. NAPIT Scheme Members doing domestic work are eligible to be listed where relevant as "Plumber" on the TrustMark site.	

# ASSESSMENT

For plumbing work, assessments will be arranged based on the scopes applied for below. Assessment includes competence and installation work against the Minimum Technical Competence document. Where the scope includes EEM work assessments will be against the standard PAS2030.

Column A is used to identify how many site assessments are needed and column B to determine the detailed scope of certification. It is assumed that all the items in column B will be available to assess competence on the visit (generally the most complex system will be seen). If the visit requires more than one site only those within a 30 minute journey will be valid without further charges.

Scope of Assessment	Tick (A)	Schemes	Scope of Certification within the Assessment	Tick (B)		
Plumbing appliances and		CPS, TM	Sanitary ware			
components		CPS, EEM, GDI, TM	Water efficient taps and showers			
Cold water supply		CPS, TM	Wholesome cold water supply			
Cold water supply		CPS, TM	Non-wholesome cold water supply to a sanitary convenience			
		CPS, TM	Unvented hot water storage vessels			
		CPS, TM	Vented hot water storage vessels			
Hot water systems		CPS, EEM,GDI, TM	Hot water storage and systems			
(note: if you have applied for these under heating or		CPS, EEM, GDI, TM	Hot water system controls and components			
microgeneration do not apply again here)		EEM, GDI, TM	Hot water system insulation (pipework, cylinders, ducting)			
		CPS, EEM, GDI, TM	Wet underfloor heating systems			
		CPS, EEM, GDI, TM	Waste water heat recovery devices attached to showers			

# Number of Competent Operatives

Enter the total number of competent operatives for the above scope of work and complete the following page for each of them.

# **Operative details**

(Refer to the document "NAPIT Registration Guide to Qualifications Requirements – Plumbing")

If you have several operatives please photocopy this form for each individual. If you have over 10 please contact NAPIT on 0345 543 0330

A. Personal details	<b>s</b> (These will be	held in accordance	with the Data	Protecti	ion Act)					
Title (Mr/Mrs/Miss/M	Title (Mr/Mrs/Miss/Ms/Other)									
	Surname			Date of birth						
Fo	orename(s)									
B. Scope of plumb	B. Scope of plumbing competence claimed (Please select all that apply)									
Install/replace sanita	<u> </u>	Cold water supp			Hot water system	ns				
C. Applying as an existing or previous (last 2 years) registered competent person										
Name of Registration Body				Date	of last assessmen	t				
D. Applying as a qualified person or an experienced person										
Applying holding relevant See Qualifications Guide a	•			ithout formal qualifications but with >3 yr experience and G below, you will need an EWR Assessment						
E. Details of qualit (Please refer to the O if you hold a qualifica considered)	Qualifications G									
Area of competence				N	APIT Code	Date Gained				
Installation and replaceme	ent of sanitary war	re (core plumbing work)								
Cold water supply (includi	ing unwholesome	water)								
Hot water systems (e.g. ui	( ato yo o o )									
	nvented hot water	storage)								
F. Indicate how m			e in each are	a of plu	Imbing work					
	any years' ex	perience you have	e in each are Hot water plum							
F. Indicate how m Cold water plumbing w	any years' ex vork	perience you have	Hot water plum	ibing wo	rk					
F. Indicate how m	any years' ex vork	perience you have	Hot water plum es should cove	ibing wo	rk nt plumbing exp	perience)				

# Please enclose/email:

1. Copies of all qualifications/certificates indicated above (or evidence of previous registration for section C).

2. Email us a clear head and shoulders image from any device or send us two copies of a head and shoulders photograph with the name of the individual clearly written on the back.